



STUDIJŲ KOKYBĖS VERTINIMO CENTRAS

Lietuvos sveikatos mokslų universiteto  
**STUDIJŲ PROGRAMOS „SVEIKATOS PSICHOLOGIJA“**  
*(valstybinis kodas – 612S10007, 6121JX003)*  
**VERTINIMO IŠVADOS**

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**EVALUATION REPORT**  
**OF “HEALTH PSYCHOLOGY”** *(state code - 612S10007, 6121JX003)*  
**STUDY PROGRAMME**  
at Lithuanian University of Health Sciences

**Review’ team:**

1. **Prof. Dr. Chantal Martin Sölch** (team leader) *academic,*
2. **Dr. Inga Millere,** *academic,*
3. **Prof. Vlasta Vizek Vidović,** *academic,*
4. **Ms Žydrė Arlauskaitė,** *representative of social partner,*
5. **Ms Meda Vaitonytė,** *students’ representative.*

**Evaluation coordinator –**

***Ms Ieva Batėnaitė***

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## DUOMENYS APIE ĮVERTINTĄ PROGRAMĄ

Studijų programos pavadinimas	<i>Sveikatos psichologija</i>
Valstybinis kodas	612S10007, (6121JX003)
Studijų sritis	Socialiniai mokslai
Studijų kryptis	Psichologija
Studijų programos rūšis	Universitetinės studijos
Studijų pakopa	Pirmoji
Studijų forma (trukmė metais)	Nuolatinė (4)
Studijų programos apimtis kreditais	240 ECTC
Suteikiamas laipsnis ir (ar) profesinė kvalifikacija	Psichologijos bakalauras (Socialinių mokslų bakalauras)
Studijų programos įregistravimo data	2012-03-07

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## INFORMATION ON EVALUATED STUDY PROGRAMME

Title of the study programme	<i>Health Psychology</i>
State code	612S10007, (6121JX003)
Study area	Social Sciences
Group of Study field	Psychology
Type of the study programme	University studies
Study cycle	First
Study mode (length in years)	Full-time (4)
Volume of the study programme in credits	240 ECTS
Degree and (or) professional qualifications awarded	Bachelor of Psychology (Bachelor of Social Sciences)
Date of registration of the study programme	March 7 <sup>th</sup> , 2012

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# CONTENTS

<b>I. INTRODUCTION .....</b>	<b>4</b>
1.1. Background of the evaluation process .....	4
1.2. General .....	4
1.3. Background of the HEI/Faculty/Study field/ Additional information .....	4
1.4. The Review Team .....	5
<b>II. PROGRAMME ANALYSIS .....</b>	<b>6</b>
2.1. Programme aims and learning outcomes .....	6
2.2. Curriculum design .....	8
2.3. Teaching staff .....	12
2.4. Facilities and learning resources .....	14
2.5. Study process and students' performance assessment.....	16
2.6. Programme management .....	18
2.7. Examples of excellence .....	19
<b>III. RECOMMENDATIONS .....</b>	<b>21</b>
<b>IV. SUMMARY.....</b>	<b>23</b>
<b>V. GENERAL ASSESSMENT .....</b>	<b>25</b>

## I. INTRODUCTION

### 1.1. Background of the evaluation process

The evaluation of on-going study programmes is based on the **Methodology for evaluation of Higher Education study programmes**, approved by Order No 1-01-162 of 20 December 2010 of the Director of the Centre for Quality Assessment in Higher Education (hereafter – SKVC).

The evaluation is intended to help higher education institutions to constantly improve their study programmes and to inform the public about the quality of studies.

The evaluation process consists of the main following stages: 1) *self-evaluation and self-evaluation report prepared by Higher Education Institution (hereafter – HEI)*; 2) *visit of the review team at the higher education institution*; 3) *production of the evaluation report by the review team and its publication*; 4) *follow-up activities*.

On the basis of external evaluation report of the study programme SKVC takes a decision to accredit study programme either for 6 years or for 3 years. If the programme evaluation is negative such a programme is not accredited.

The programme is **accredited for 6 years** if all evaluation areas are evaluated as “very good” (4 points) or “good” (3 points).

The programme is **accredited for 3 years** if none of the areas was evaluated as “unsatisfactory” (1 point) and at least one evaluation area was evaluated as “satisfactory” (2 points).

The programme is **not accredited** if at least one of evaluation areas was evaluated as "unsatisfactory" (1 point).

### 1.2. General

The Application documentation submitted by the HEI follows the outline recommended by the SKVC. Along with the self-evaluation report and annexes, the following additional documents have been provided by the HEI before, during and/or after the site-visit:

No.	Name of the document
1.	Final thesis

### 1.3. Background of the HEI/Faculty/Study field/ Additional information

The Health Psychology programme is a social sciences first cycle university study programme, carried out at the Faculty of Public Health of the Lithuanian University of Health Sciences (LSMU) in Kaunas. The LSMU has two major academic divisions: the Medical Academy and the Veterinary Academy. The Faculty of Public Health is one five Faculty at the Medical academy. The first and

second cycle study programmes in Health Psychology are organized by the Department of Health Psychology, which is part of the Faculty of Public Health. The activities of the Public Health Faculty are organized by the Faculty Council and the Dean. Study programmes are coordinated by Study Programme Committees, which are accountable to the Dean of the Faculty. The Health Psychology study programme is coordinated by the Study Programme Committee of first and second cycle Health Psychology studies. The majority of committee members belong to Health Psychology Department.

The mission of the study programme is formulated according to the most advanced educational ideas and best scientist-practitioner training traditions (according to the SER, p. 5).

#### **1.4. The Review Team**

The review team was completed according *Description of experts' recruitment*, approved by order No. 1-01-151 of Acting Director of the Centre for Quality Assessment in Higher Education. The Review Visit to HEI was conducted by the team on 10<sup>th</sup> October, 2017.

1. **Prof. Dr. Phil Chantal Martin Sölch** (team leader), Professor in Clinical and Health Psychology, Department of Psychology, University Fribourg, Switzerland.
2. **Dr. Inga Millere** - Dean of the Faculty of Public Health and Social Welfare, Rīga Stradiņš University, Latvia.
3. **Prof. Vlasta Vizek Vidović**, Head of the Centre for Educational Research and Development, Institute for Social Research, Croatia.
4. **Žydrė Arlauskaitė**, assistant of Department of Development and Educational Psychology in Lithuanian University of Educational Sciences, Lithuania.
5. **Meda Vaitonytė**, student of the Mykolas Romeris University, study programme *Psychology*, Lithuania.

**Evaluation coordinator –Ieva Batėnaitė**

## **II. PROGRAMME ANALYSIS**

### ***2.1. Programme aims and learning outcomes***

According to the self-evaluation report (SER), the aim of the bachelor programme in Health Psychology is “to educate Bachelors in Psychology, with the aims of giving general knowledge and skills necessary for a professional psychologist as well as giving the opportunity of gaining additional knowledge in the field of health and healthcare” (SER, p. 7). More specific aims are defined on page 8 of the SER and include the transmission of a) scientific insight, b) need to improve, c) strong scientific psychology basis, d) development of abilities to apply the acquired knowledge professionally in healthcare as well as e) the preparation for subsequent master studies. The formulation of the learning outcomes is based on legislative documents, regulating both psychology field and first cycle studies in Lithuania, and including the Psychology Study Field Descriptor, the Description of the Lithuanian Qualifications Framework, and the General Requirements of the First Degree and Integrated Study Programmes (based on SER, p. 8). The learning outcomes are presented in a Table comparing them with the Psychology Study Field Descriptors (SER, p. 8, Table 1.1.). However, the link between the learning outcomes at programme’s level and the specific aims of the programme is not completely clear in the SER, and could be better highlighted. The Table compares the learning outcomes of the programme with the professional descriptors, but not with the specific aims of the study programme. The Review Team suggests to better link learning outcomes and aims of the programme.

The definitions of the aims and learning outcomes of the programme are clear to staff, students and stakeholders as evidenced in the interviews with the different groups during the site visit. The aims of the bachelor programme with its specific focus on health are published in English on the homepage of the Department of Health Psychology (<http://www.lsmuni.lt/en/structure/medical-academy-/faculty-of-public-health-/departments/department-of-health-psychology-.html>). The published aims are however slightly different from the aims presented in the SER. The Review Team suggest here to harmonize the description of the aims between the different documents.

The aims of the programme are linked to the market needs. As reported in the SER (p. 7) there is a lack of psychological services in Health care system, based on statistics from the European Federation of Psychological Associations, on the Lithuanian Ministry of Health and Labour Exchange data and on surveys performed in healthcare institutions. According to the journal Rankins (2014, 2016), employers expectations towards LSMU graduates are very favourable and are rated by some of the highest scores (SER, p.7-8). To ensure the matching of the programme’s content with employers’ expectations, social partners are involved in the development of the programme (in the Study Programme Committee), and in the evaluation of the programme

(evidenced during the study visit and reported in the SER, p.28). The strong relationship with and integration of the social partners in the programme development was evaluated as an area of excellence. This strong relationship was also evidenced by the very large number of social partners that were present for the interview during the site visit. The programme uses therefore different sources (social partners, legislative documents, regulations, statistics, ...) to formulate its outcomes. The SER stresses the necessity to have education focusing on Health Psychology, on the basis of the previously reported needs analyses. The programme also has a clear focus on biomedical and health-related contents (SER, p. 10; and evidenced in the study visit). However, the qualification given will be in Social Sciences and not in Health Psychology at bachelor level. This point will be discussed more in detail below.

The courses taught at bachelor level can be differentiated from courses taught at master level, for instance with regard to the competences acquired. As stressed by the SER preparation team, the learning outcomes are competence-based, and a good level of competences is achieved by the programme's graduates as reported by the students, the alumni and social partners during the site visit. However, on the basis of the interviews (with students, teachers and SER preparation group), the research-related outcomes, and the underlying model of a scientist-practitioner, are not completely fulfilled, because of a lack of integrated research in curriculum. The students have to be involved in empirical research during the curriculum according to the Study Plan (SER, p. 12), but there could be a better integration in applied research activities at the level of the bachelor thesis. With regard to the title of the bachelor programme, the addition of a specialisation in Health Psychology in the title is not in agreement with the programme, which is a bachelor in psychology, nor with the standards in the Psychology discipline. In addition, from Summer 2017, the specialisation obtained after a bachelor programme in Psychology is a Bachelor of Social Sciences. It is therefore not accurate to add a specialisation, when the final title will cover a much broader area. Consequently, the integration of a strong specialisation in healthcare in the aims and the related formulated outcomes are not in line with the requirements of a bachelor of Social Sciences. At least, the aims and learning outcomes should include more references to the title delivered on the diploma and to the descriptors related to Social Sciences. The specialisation in Health Psychology is accurate at master's level, but not at bachelor level. This can even be a disadvantage for the programme's graduates, as it could suggest that the programme is not a complete bachelor in Social Sciences. The review team recommends to change the title of the programme and to integrate aim and learning outcomes related to Social Sciences. Finally, the learning outcomes of the programmes are in line with the content of the programme, and the qualifications to be obtained.

In conclusion, the criteria related to the aims and learning outcomes are evaluated as good. The aims and learning outcomes are clear and publicly available. The Study Programme Committee has

given many efforts to use several sources for the formulation of the aims and of the learning outcomes. They are based on legislative documents, national standards, professional descriptors, statistics and needs analyses. The strong relationship with stakeholders, highlighted by regular meeting, and their involvement in the programme's development is evidenced as an area of excellence. However, there are some areas for improvement. The addition of a specialization in Health Psychology is not accurate. Health Psychology is a specialization at master, but not at bachelor level. The obtained title is a bachelor in Social Sciences. In addition, a better integration of applied research at the level of the bachelor thesis is proposed. This aspect will be further discussed in the next sections on curriculum design and on study processes. And finally, the description of the programme aims is not completely harmonized between the documents; and the link between the formulated learning outcomes and the specific aims of the programme should be clarified.

### **Recommendations:**

- The title of the programme should be changed according to the obtained title and the programme should integrate aims and learning outcomes related to Social Sciences.
- The description of the aims should be harmonized between the different documents and the webpage, and the link between the formulated learning outcomes and the specific aims of the programme should be clarified.

### ***2.2. Curriculum design***

The curriculum design of the BA program in Health Psychology is in accordance with the legal Requirements of the First Degree and Integrated Study Programmes issued by Ministry of Education and Science in 2010 (Order No. V-501) as well as with the Lithuanian Psychology Study Field Descriptor and EuroPsy guidelines online (<http://www.europsy-efpa.eu/>).

Total program volume is 240 credits (min 210 - max 240), out of which study field subjects cover 165 credits (minimum 171), common university subjects have 30 credits (minimum 15), electives subjects have 27 credits (maximum 60), internship practice has at minimum of 15 credits, and the final work has 15 credits (Source: Programme Study plan, 2015-10-30.). The distribution of ECTS credits allows students to reach the intended learning outcomes in the theoretical courses, but the scope of practise (15 credits) seems to be too modest for the achievement of learning outcomes in this area. An important issue is also the organization of practise, which is divided within three areas (Educational psychology, Psychological assessment and Psychological counselling). As the total practice of 15 credits (minimum) is divided among these three broad professional areas, such an approach can serve mainly for a superficial acquaintance with certain real-life work contexts, but can hardly contribute to the development of professional skills. The possibility of allocating more



credits to each practice unit area should be considered (learned from meeting with students). The other option is to integrate practice into one module, and not divide it cross subjects.

In the SER section on curriculum design, the explication of the gradual approach to teaching of the research methodology from the first to the last year of study is well described (SER page 13, Table 2.2.). The subjects are sequenced according to the funnel model, starting with more basic introductory topics (Introductions to health psychology studies and Introduction to psychology) combined with common topics in social sciences. The biological basis of behaviour also appears as the key subject in the first year with intention to establish clear link between human biology and psychological phenomena (as reported in meetings with SER members and teachers). Such approach serves as the good starting point sending clear message of the programme orientation.

In the second year of studies, the main focus is directed toward the fundamental areas of psychology (human development, cognition, personality, social behaviour) combined with a basic subjects on research methods and professional ethics. In spite of emphasis on fundamental areas, it has been noted that the entire field of experimental psychology is missing, although it is considered to be a corner stone of empirical psychology (meeting with students), and is a standard in bachelor programmes in psychology. The Department of Health Psychology provided additional information with regard to the field of experimental Psychology after the lecture of the expert report. They indicated that the application of theoretical knowledge and experiments are integrated in several other subjects, for instance Social Psychology, where students perform social experiments and write reports as assignments, and Cognitive Psychology, where students have educational experiments illustrating normal senses and illusions during labs in Physiology and Biology Departments (not reported during the site visit). In these domains, they perform freely chosen experiments in groups, write reports and make public presentation / defense as part of a formal summative assessment. They acknowledge however that the field of experimental psychology itself is missing.

The 3<sup>rd</sup> and 4<sup>th</sup> year are devoted to the applied areas of psychology focusing mainly on the issues related to the assessment and interventions in mental health area, while the last semester is devoted to the themes referring to the final thesis planning and performing. Thanks to this sequential logic of curriculum design, the overlapping of content has been avoided. The final thesis analysis (62 thesis inspected) have revealed a positive orientation toward empirical approach. However, it should be noted that the research presented in the inspected the final theses mostly have comparative research designs, and use quantitative approach, mostly using univariate or bivariate methods of data analysis. Although the programme from the beginning puts strong emphasis on the medical model, experimental or quasi-experimental design appears only in two thesis, as well as qualitative design which appears in only three theses. Both types of design are important in the field of Psychology, especially in Health Psychology. The Department of Health Psychology has

provided an additional information after the lecture of the expert report that there is already a stronger integration of qualitative methods and experimental design in several bachelor theses in preparation. This could not be inspected during the site visit as the mentioned theses are still ongoing and not finished yet. Still with regard to the scope of the programme, the programme's graduate who changed the University after their bachelor reported missing information on applied fields of Psychology not related to healthcare.

The inspection of subject outlines as presented in the official forms in Annex 2, does not allow conclusive statements related to the criterion *content of subjects (modules) and study methods enable to achieve the intended learning outcomes*. The structure of the subject descriptions (LSMU Bachelor in health psychology, SER, Annex 2) does not follow the principle of constructive alignment, which is a distinctive feature of competence-based curricula. Basically, it means that the subject planning should start with statements about the subject learning outcomes, linking them to the programme learning outcomes. The following steps should link **each** learning outcome to the respective **content**, teaching/learning methods and ways of assessment. In this case, the starting point was the course purpose, followed by the content list and the literature references. The table of subject learning outcomes with reference to the programme's learning outcomes was put at the very end of the course description (LSMU Bachelor in health psychology, SER, Annex 2). Such strong focus on course purpose given from the teacher perspective and the central position of the content is usually indicator of a discipline-centred approach to teaching, instead of using new paradigm of student-centred approach, which is inherent to the competence-based curricula. Moreover, the term student-centred approach to teaching and learning does not appear in any part the self-evaluation report. Another evidence came from the interviews with the teachers, the programme committee and students, in which it was clear that the attribution of the ECTS was not related to students' work load, but rather to the importance given to the subject. This is again an indication that the programme is not using a student-centred approach. The close inspection of subject learning outcomes (SER, Annex 2) revealed that they should be thoroughly revised as they do not adhere to the concept of SMART learning outcomes. Here are some general remarks about the deficiencies concerning subject learning outcomes formulation:

1. In several courses at BA (and MA) level the subject learning outcomes are altogether missing.
2. In comparison to LTQF descriptors for level 6 (and 7), a lot of learning outcomes are formulated at lower levels of cognitive functioning (describe, explain, recognize).
3. In some cases too vague, general (know, understand) verbs are used instead of concrete active verbs (explain, classify, apply) (see Bloom taxonomy).

4. The common format for beginning sentence should be agreed: some learning outcome statement are beginning with “students”, some with “is able to” or “will be able to”, some with the nouns (i.e. knowledge) or verbs in infinitives (to describe).
5. In order to make it more transparent to students and wider audience, it is common that subject learning outcomes are bulleted.
6. Most of the subject learning outcomes use several verbs of different level although recommendation is to use ONE active verb per learning outcome. (It is interesting that this principle has been respected in formulation of programme learning outcome).
7. Most of the course units have close correlation 1 to 1 between programme learning outcome and course learning outcome which is not mandatory. ( see ECTS user’s guide, 2009, 2015).

Based on inspection of the content of the programme and checking for the compliance to the general requirement for the first cycle studies and national field descriptors, it can be concluded that the content of the programme is in accordance with the recent academic achievements and that the scope of the programme (in terms of the duration of the programme, method of allocation of credits and content outline) is sufficient for achievement of the programme learning outcomes. However, several areas for improvement were identified. This includes the lack of teaching (and practice) in experimental psychology (which is however partly integrated in other fields such as Social Psychology and Cognitive Psychology), the necessity to revise the structure of the subjects’ description in line with the concept of constructive alignment and of a student-centred approach, and the encouragement to use more sophisticated research designs in the final theses. In addition, the fact that the practice credits are divided in 3 application fields does not allow for the sufficient acquisition of professional skills in any of the practical field. In conclusion, the criteria related to curriculum design are evaluated as satisfactory, with the following recommendations.

### **Recommendations:**

- The missing area of Experimental Psychology should be included in the curriculum.
- The number of practice credits should be increased for each professional area in order to achieve the intended practice learning outcomes. A possible option would be to integrate fragmented practise in one module.
- The structure of the subjects descriptions should be revised in line with concept of constructive alignment and subject learning outcome should be reformulated following the reviewers’ remarks.
- The qualitative methods and experimental designs should be encouraged in final thesis research.

### ***2.3. Teaching staff***

The general requirements of the first degree and integrated study programmes requirement by the order of the Minister for Education and science of the Republic of Lithuania (9 April 2010 No V-501), that at least half of the subjects in the study field must be taught by scientists or scholars“ (by II. Requirements of first degree university study programmes, article 19) is fully met. As mentioned in the SER, 69% of the programme study area teachers have a scientific degree (p.17).

In the SER as well during the meeting with the self report group and with the senior management of the University, it was stressed that all teachers except assistants have formal requirement from the University to do research and to publish research results. Both, the Department and the general teaching staff were active in research during the evaluation period. In the last 5 years, 90 papers were published in referenced and citation index having scientific journals, 21 of which were published by the pedagogical staff of the Department (SER, p. 15).

Teachers improve their professional qualification by participating at conferences and in research projects. An increase of the participation at national and international conferences can be evidenced during last years (SER, p, 16, Table 3.7). In 2015, 27 teachers attended international and national seminars, scientific conferences, fellowships, while 38 teachers did in year 2016. To participate at international and national research projects, teachers apply for grants. As a source of support, the teachers named the Lithuanian science foundation as well as international projects during the interviews (site visit).

Teachers are highly motivated to guarantee the quality of the BA programme. For that purpose, the teachers take active part in the sustainable improvement of programme. During the interview with the Review Team, the teachers indicated that there were regular meetings among teachers, as well as with the Study Programme Committee and with the administration. The main goal of these meetings is to continuously evaluate, update, improve the programme, and make it applicable to the country needs. The teachers pointed out that a great contribution to the programme's quality improvement is provided by formal and informal meetings with stakeholders and students.

The Department of Teachers Education Centre provides updated relevant information and development of teaching skills as reported during the interviews with the senior management, the teachers and the SER committee. There is mandatory teaching education for teacher; the academic institution invest efforts to improve teaching competences at all levels (from junior to senior). During the evaluation period, 7 teachers participated regularly at teaching development courses (SER, p.16); and 3 lecturers of the Department of Health Psychology are giving lectures at the Department of Teacher Education Centre. In addition, the Department of Health Psychology itself organizes twice a year internal teacher training seminar (SER, p.16). However, outside of the development of teaching skills, there is no personal development mentoring. This could be

improved, and leads to the recommendation to organize a mentoring system for staff career development.

Another area of improvements is related to turn-over. There is a small turnover among teaching staff - the most common reasons are natural leave (maternity) and terminated employment due to limited duration work agreements. In year 2014-2015, 2 teachers left for maternity leave, and 1 teacher left because of terminated working agreement, There were no leaves in year 2015- 2016 (SER, p. 14). Currently, some gaps due to maternity leaves, are filled with visiting professors (as reported during the site visit). In addition, some of the teachers cover many subjects at BA levels, up to an involvement in 8 different subject/ modules in the programme (in this case, in 3 modules as a coordinator). This is could be critical in term of turnover, for instance if this specific teacher should leave or have a longer sickness leave. The Department of Health Psychology tries to address this issue in a positive way with the integration of teachers and social partners from other departments at the Faculty for Public Health. For instance, teachers from biomedical fundamental departments are invited to support the implementation of the programme goals. However, the Review Team recommends to increase the number of staff teaching at BA. This could also have a beneficial effect for the covering of the missing areas discussed in the curriculum design's section; and would increase the chances to be able to deliver doctoral degree in Social Sciences (a point identified as an area for improvement by the SER team and the senior management during the site visit, and reported in the SER, p. 17). In addition, staff mobility is low (on average 2 per year at Department's Level, SER, p. 16, Table 3.6), and could be improved. This is also stated as one the area for improvement in the SER (p.16) and was evidenced during the interviews with the SER committee and the teachers during the site visit.

In summary, some clear strengths were evidenced with regard to the criteria related to the staff. For instance, the teachers are highly motivated, seek to guarantee high quality of BA programme and meet the legal requirements. The teachers take active part at the sustainable improvement of programme. They are in active collaboration with social partners, students, SER and administration. All teachers except assistants have formal requirement to perform research and to publish. They apply and get grants for national and international research projects and conferences. There is mandatory teaching education for the teachers; and the academic institution invest efforts to improve teaching competences at all levels (from junior to senior). Areas of improvements are related to turn-over, personal development mentoring, and staff mobility. Currently some gaps due to maternity leaves, are filled with visiting professors. In addition, some teacher covers a lot of areas at BA levels. And there is no clear personal development mentoring, with exception of the mandatory accreditation for teachers. In conclusion, the criteria related to the staff were evaluated as good with the following recommendations.

### **Recommendations:**

- The staff number should be increased in order to increase the turnover and cover more subjects' area (recommendation for the University).
- Personal development mentoring should be organized.
- The benefits of mobility exchange programmes for the teacher should be better promoted.

#### ***2.4. Facilities and learning resources***

The premises of the faculty are newly build and equipped. The auditoriums are spacious, adequate in size and quality. There are 6 auditoriums for computer classes. Some rooms have stationery desks or movable chairs (SER, p.18; and confirmed at site visit). Practical spaces are well organized and arranged. University main buildings have WIFI connection. The library is really student – friendly, having access to the facilities 24 hours during the work days and open from 10 a.m. to 10 p.m. on weekends. The literature is arranged for every subject separately, and the library has 3 group work rooms that can be booked in advance. Group rooms are provided with multimedia, books and working space, resulting in better convenience for the students (clarified during the site visit). The library has 544 working places (SER, p.18). Moreover, the students have distant access to the learning material available through the VPN or “Ezproxy” as mentioned in SER (p.19) and can be checked on the universities webpage. However, it takes approximately 10 minutes to get to the main library from the Faculty of Public Health by car or a bus. Also, specific literature for bachelor in Health Psychology programme in particular (for instance general psychology books) is lacking as it is seen after a visit to the library. The majority of literature is oriented to prepare 2nd cycle or medical students. Students during the meeting also emphasized that there could be more accessible literature and journals provided for the study process. This is also the case for the access to library databases that were transiently not accessible (SER, p.19), as also reported by the student during the meeting. The academic institution has however repaired this problem (reported during the site visit). Throughout the whole faculty, there is only one laboratory at disposal for psychology students (adapted for consulting skills training or social experiments), but no lab for Experimental Psychology. The Faculty has a minimal equipment for physiological measures, consisting in portable “light” biofeedback instruments (SER, p.19); and two computer classes that are well established. The biofeedback equipment is however only used for teaching at the moment, and not for research. The small amount of variety of the equipment provided for the students is not sufficient to assure obtaining practical skills needed for the programme in comparison with the variety of instruments offered in the other universities and needs improvement. The University has were well-equipped labs, but they are used for the education of physician (medical doctors; evidenced during the site visit). However, all labs can potentially be used by the Psychology

students (SER, p.69). After the lecture of the expert report, the Department of Health psychology provided the additional information, that this is University politics to have common laboratories, and not having specific laboratory for each Department. In addition, they indicate that some of the common laboratories in fundamental disciplines such as Physiology are used by Psychologists and provide possibilities for them to use computer stimulation as well as to perform sensory experiments (not seen during site visit). However, this is not covering completely research in experimental psychology as this discipline uses principally behavioural experiments and behavioural outcomes. One option could be to add specific equipment for experimental behavioural studies in the common laboratories. A specialist trained in experimental Psychology should however supervise the students, what would also help to cover the field of experimental Psychology at teaching level.

The facilities of the University that were inspected during the site visit seem well adjusted for disabled individuals, as the premises are newly build, have elevators and the faculty spaces are laid out in a rather simple manner allowing better environment for people with mobility impairment. The library also provide specific workspaces for individuals with hearing or visual impairment.

Student practices are provided in a wide range of institutions mostly located within the area of Kaunas city. This includes rehabilitation centers, such as the Kaunas Center for Addictive Diseases, or the prison Kaunas Interrogation Insulator; hospitals such as the Alytus polyclinic, the “Romuvos klinika”, the Hospital of Lithuanian University of Health Sciences Kauno Klinikos and Kaunas Clinical hospital; as well as schools, including the LSMU Gymnasium, the Kaunas Jonas and Petras Vileišiai school, and Kaunas Martynas Mažvydas Basic School to name a few. Students have therefore the opportunity to try out different perspectives of the future profession, taking into account that they start to be introduced to these areas as soon as in the 1st semester.

In summary, specific strengths were evidenced with regard to the facilities. This includes the quality, size and numbers of auditoriums and working spaces, the organization of the practice space, and the organization of the library. Areas needing more improvement concern the laboratories that are sparse for the field of Psychology, and completely lacking for Experimental Psychology. The literature at disposal for BA psychology students is also not sufficient to cover all fields of psychology, as needed at bachelor level.

In conclusion, the criteria related to the facilities and learning resources are evaluated as good with recommendations for the Academic institution.

### **Recommendations** (for University)

- The missing lab space for experimental psychology research should be created or specific equipment for behavioural experiments should be added in one of the common laboratories under the supervision of a specialist trained in experimental behavioural research.
- The library should be better equipped with books and materials for the BA students in Health psychology (recommendation for the University).

### ***2.5. Study process and students' performance assessment***

Entrance requirements are well-described in the SER (p.20), and are consistent and transparent. Student admission is performed according to “Regulations of student admission to Lithuanian University of Health Sciences”, that are annually renewed and accepted by the University Senate. The admission is performed by the Admission Commission, and approved by the Rector. For first cycle studies, the admission is organized and performed by the Lithuanian Association of Higher Education Institutions for Organizing Joint Admission (“Lietuvos aukštųjų mokyklų asociacija bendrajam priėmimui organizuoti”, LAMA BPO). The entrants' results in state exams and secondary school build the basis for the entrance competition (SER, p. 20). All information about admission process, deadlines, grading is publicly available on the following webpages: [www.lamabpo.lt](http://www.lamabpo.lt) and <http://www.lsmuni.lt/lt/stojantiesiems/> (SER, p.20). Minimal criteria were defined by the Minister of Education and Science to study on state-funded places. It is however possible to study with tuition fees for students not conforming with these criteria. This could allow for students with lower academic skills to enter the programme. However, because of the high competition to enter (on average 500 applicants per year and between 33 and 37 accepted, SER, p. 20, Table 5.1), the programme can apply high entrance requirements. Since the programme started in 2012, only the students who began in 2012 had the possibility to graduate. From this cohort, 67% graduated. In the later cohorts, 67% of the students continue their studies. Drop-outs are related mainly to personal reasons, but also to change of the programme at the same University or at another University, and in some cases to academic failure (7.5%) (SER, p.21). To address the issue of the drop-outs, the programme has organized an individual teacher-monitor system for the students (SER, p.21; and also reported by students during the interviews). The effects of this measure are not clear yet and should be monitored. The Review Team recommends therefore analysing regularly the drop-outs in order to assess the effects of the individual monitor system.

The students recognize that they have specific competences; there is a good climate and communication, and atmosphere of trust (information acquired at the meetings with students and teachers). Alumni describe the relationship with the teacher as “being part of a family or of a team”. The very good relationship between students and teachers was evaluated as an area of excellence. With regard to the integration of students in research activities, the students have to run their own



empirical research and to defend it at the end of third year (SER, p.12) in order to pass in the fourth year of the programme. However, with regard to applied research activities, the students and teachers reported during the site visit not being formally encouraged to participate in applied research activities and that it is possible to write a BA thesis without experimental research (a theoretical work for instance). This could be bettered by requesting that BA students participate in staff's research to obtain specific ECTS or perform experimental and / or empirical research for their bachelor thesis. There is a general mobility problem, which has been explained by the students as a reluctance to separate from friends and family, concern about the recognition of acquired credits upon return and general lack of belief in the benefits of participating in mobility. The mobility officers and advisors should be more proactive in promoting mobility, providing for instance clear and frequent information to the students. The higher education institution and the department of Health Psychology provide wide range of student support services such as workshops and consultations enhancing academic skills development, career management advisement, orientation days for freshmen and mentoring support for older students, mobility advisement, support for students with disabilities (described in SER, p. 21-22, and checked in communication with students and staff). Although the social support is at disposal and well described, it is not very well known by the students, who attended the discussion with the Review Team. This should be better promoted (see recommendations)

Students have opportunities to complain (the formal procedure is described in SER on p.24), their voice is heard as they participate in faculty bodies (mentioned in SER and reported in the interviews with the students and the alumni), and there is a very easy communication between teachers and students ( as reported by the students and the alumni at site visit). The students at the meeting with the Review team declared that they can easily approach teachers, who are at all times open for consultations. An example of successful student intervention is the integration of students as full members in the programme committee, after they had complained. The activities of the staff and management to improve the programme are in line with the expectations of the social partners and the programme is adjusted to societal and legislative requirements (described in SER, p.7, discussed also under 2.1.; and checked at the meeting with the stakeholders). The assessment is clearly structured, appropriate for the intended learning outcomes and well communicated to the students. The assessment procedures including assessment of final thesis are described in SER as well as in description of courses (SER, Annex 2). Students at the meeting with the Review Team reported that the assessment procedures are transparent and fair.

The alumni stated that they demonstrate the level of competences in performing professional activities, which come up to the expectations of programme operators and employers. This statement has been cross validated by the social partner's views. The elaboration of the programme

rationale in the introductory part of the SER (p.7) verifies the state economic, social and cultural and future development needs.

In summary, the criteria related to the study process performance assessment are well fulfilled with regard to the clarity of the entrance requirement, the appropriateness of and the communication about the assessment procedures; the correspondence between the professional activities of the programme graduates with the expectations of the employer; and the correspondence of the programme with the state needs as well as with regard to the possibility for the students to complain. The quality of the relationship between teachers and students, and the very good and open communication were identified as an area of excellence. However, some area need improvement. This concerns mainly the participation of the students in applied scientific research activities for their bachelor thesis, and the participation of students in mobility programmes. In addition, the measures implemented to address the significant number of dropouts should be monitored. Finally, although the University provides social support, this is not very well known among the students and should be better promoted. In conclusion, this evaluation area is evaluated as good with some recommendations.

### **Recommendations:**

- In order to improve the research-related outcomes, the integration of students in research should be formalized also for the bachelor thesis, with a more systematic integration of students in teacher's projects for the bachelor thesis and acquisition and application of a broader set of statistic tools.
- The effects of the measures implemented to address the significant number of dropouts should be monitored. This could be done for instance with a regular analysis of drop-outs.
- The measure related to social support should be better promoted, for instance with specific information meetings.
- The mobility officers and advisors should be more proactive in promoting mobility, providing for instance clear and frequent information to the students.

### ***2.6. Programme management***

The bachelor study programme in Health Psychology belongs to the Faculty of Public Health of LSMU. The study programme management in the University is performed at several levels. At University level, programme management and implementation is regulated by Senate documents, coordinated by the Vice-rector for Studies and by the Study Centre. There are quality assurance regulations at LSMU for all departments, engaged in studies. The Study Quality Monitoring and Assurance Commission coordinate monitoring assessment and improvement of study quality.

At Faculty level, study organization is regulated by Faculty Council, and coordinated by the Dean

(SER, 26.p. and checked at the meetings). The main responsibilities for implementation of the programme and direct management are assigned to Study Programme Committee. The Study Programme Committee is in turn responsible for study programme implementation and constant quality monitoring. The study programme committee besides academics and management team also includes social partners and students. Study Programme committee meetings are held regularly (SER, p. 28., and checked during the interviews at the site visit).

An appreciable approach has been set up on November 2016 to establish one study committee for two programmes – first and second cycles studies in Health Psychology. Previously, the Health Psychology Bachelor Study Programme Committee was separate from the Master Study Programme Committee. These changes were made to ensure better quality management for psychologist training throughout all 6 years.

There is evidence (described in SER and checked in communication with students and staff) about regular collection of data from the students about the programmes quality at different levels. However, there is insufficient data collection from the alumni, especially from the ones changing university. Therefore, the Review Team suggests to introduce alumni surveys. Stakeholders are well involved in all processes: final thesis commission, student's practices, assessment of the students' knowledge and skills during student practices. Practice students and tutors receive oral feedback from the Heads of practice in the academic institution. Collected data and other information regarding programme implementation are collected and analysed as well as used for the improvement of the programme.

In general, there is a clear and strong support of the senior management for this programme, that was clearly evidenced during the site visit during the interviews and also by the large number of members from senior management that were present for the meetings.

In summary, the double system of quality assurance, at University level and at programme's level is evaluated as a good warrant for the quality insurance of the programme. Other strengths include the creation of one programme committee for the first cycle and second cycle studies in Health Psychology, the clear distribution of the roles, the strong involvement of the stakeholders, and the support of the senior management. The lack of alumni survey was evidenced as an area for improvement. Overall, this evaluation area is evaluated as very good with one recommendation.

### **Recommendation**

- Alumni surveys should be introduced.

## **2.7. Examples of excellence**

The Review Team identified 2 areas of excellence:

- The strong relationship with stakeholders, highlighted by regular meeting, and involvement in the programme development.
- The quality of the relationship with students and good and open communication.

### **III. RECOMMENDATIONS**

1. The title of the programme should be changed according to the obtained title and the programme should integrate aims and learning outcomes related to Social Sciences.
2. The description of the aims should be harmonized between the different documents and the webpage, and the link between the learning outcomes and the specific aims of the programme should be clarified.
3. The missing area of Experimental psychology should be included in the curriculum.
4. The number of practice credits should be increased for each professional area in order to achieve the intended practice learning outcomes. A possible option would be to integrate fragmented practise in one module.
5. The structure of the subject descriptions should be revised in line with concept of constructive alignment and the subject learning outcomes should be reformulated following the reviewers' remarks.
6. The use of qualitative methods and experimental designs should be encouraged in final thesis research.
7. The staff number should be increased in order to increase the turnover and cover more subjects' area (recommendation for the University).
8. Personal development mentoring should be organized.
9. The benefits of mobility exchange programmes for the teacher should be better promoted.
10. The missing lab space for experimental psychology research should be created or specific equipment for behavioural experiments should be added in one of the common laboratories under the supervision of a specialist trained in experimental behavioural research. (recommendation for the University).
11. The library should be better equipped with books and materials for the BA students in Health psychology (recommendation for the University).
12. In order to improve the research-related outcomes, the integration of students in research should be formalized also for the bachelor thesis, with a more systematic integration of students in teacher's projects for the bachelor thesis and acquisition and application of a broader set of statistic tools.
13. The effects of the measures implemented to address the significant number of dropouts should be monitored. This could be done for instance with a regular analysis of the drop-outs.
14. The measure related to social support should be better promoted, for instance with specific information meetings.
15. The mobility officers and advisors should be more proactive in promoting mobility, providing for instance clear and frequent information to the students.

16. Alumni surveys should be introduced.

#### **IV. SUMMARY**

In summary, the study programme is evaluated as very good for some criteria (for instance programme management) and satisfactory for other criteria (for instance the curriculum design). Two areas of excellence were identified, including the strong relationship with stakeholders; and the quality of the relationship with students and the general good and open communication. A total of 16 recommendations were formulated. More specifically, the criteria related to the aims and learning outcomes are evaluated as good. The aims and learning outcomes are clear and publicly available. The programme committee has given many efforts to use of several sources for the formulation of the aims and learning outcomes. The strong relationship with stakeholders, highlighted by regular meeting, and involvement in programme development is an area of excellence. However, the title of the programme should be changed according to the title delivered (BA in Social Sciences), and the programme should integrate aims and learning outcomes related to Social Sciences. Health Psychology is a specialization at master, but not at bachelor level. The link between the programme's aims and the learning outcomes should also be clarified. With regard to curriculum design, it was concluded that the content of the programme is in accordance with the recent academic achievements and that the scope of the programme is sufficient for achievement of the programme learning outcomes. However, several areas for improvement were identified. The missing field of Experimental Psychology should be introduced; the subjects' description should be revised according to the concept of constructive alignment and in a student-centred approach; and the number of practice credits should be increased. For these reasons, the criteria related to curriculum design are evaluated as satisfactory. The teaching staff is highly motivated and committed to the programme, and have the necessary qualifications to teach in the programme. Teachers are in active collaboration with social partners, students, SER and administration. All teachers except assistants have formal requirement to perform research and to publish; and there is mandatory teaching education for the teachers (from junior to senior). However, the staff number should be increased in order to increase the turnover and cover more subjects' area (recommendation for the University), and the benefits of mobility exchange programmes for the teacher should be better promoted. The facilities are good with regard to the quality, size and numbers of auditoriums and working spaces, the organization of the practice space, and the organization of the library. However, laboratories are sparse for the field of Psychology, and completely lacking for experimental psychology. A lab for Experimental Psychology research should be created or specific equipment for behavioural experiments should be added in one of the common laboratories under the supervision of a specialist trained in experimental behavioural

research to comply with the University politics of common laboratories at University level, and the library should be better equipped with books and material to cover all fields of psychology, as needed at bachelor level. The criteria related to the study process performance assessment are well fulfilled with regard to the clarity of the entrance requirement, the appropriateness of and the communication about the assessment procedures, the correspondence of the professional activities of the programme graduates with the expectations of the employer, and the correspondence of the programme with the state needs as well as with regard to the possibility for the students to complain. The quality of the relationship between teachers and students, and the very good and open communication were identified as an area of excellence. However, the participation of the students in applied scientific research activities for the bachelor thesis should be formalized and improved, and the participation of students in mobility programmes is low and should be better promoted. Finally, the criteria related to programme management were evaluated as very good. Especially, the double system of quality assurance is a good warrant for the quality of the programme. Other strengths include the creation of one Study Programme Committee for the first cycle and second cycle studies in Health Psychology, the clear distribution of the roles, the strong involvement of the stakeholders, and the support of the senior management. The lack of alumni survey was evidenced as an area for improvement, and should be introduced.



## V. GENERAL ASSESSMENT

The study programme *Health Psychology* (state code – 612S10007, 6121JX003) at Lithuanian University of Health Science is given **positive** evaluation.

*Study programme assessment in points by evaluation areas.*

No.	Evaluation Area	Evaluation of an area in points*
1.	Programme aims and learning outcomes	3
2.	Curriculum design	2
3.	Teaching staff	3
4.	Facilities and learning resources	3
5.	Study process and students' performance assessment	3
6.	Programme management	3
	<b>Total:</b>	<b>17</b>

\*1 (unsatisfactory) - there are essential shortcomings that must be eliminated;

2 (satisfactory) - meets the established minimum requirements, needs improvement;

3 (good) - the field develops systematically, has distinctive features;

4 (very good) - the field is exceptionally good.

Grupės vadovas: Team leader:	Chantal Martin Sölch
Grupės nariai: Team members:	Inga Millere
	Vlasta Vizek Vidović
	Žydrė Arlauskaitė
	Meda Vaitonytė

**LIETUVOS SVEIKATOS MOKSLŲ UNIVERSITETO PIRMOSIOS PAKOPOS STUDIJŲ  
PROGRAMOS *SVEIKATOS PSICHOLOGIJA* (VALSTYBINIS KODAS - 6121JX003) 2018-  
01-30 EKSPERTINIO VERTINIMO IŠVADŲ NR. SV4-10 IŠRAŠAS**

&lt;...&gt;

**V. APIBENDRINAMASIS ĮVERTINIMAS**

Lietuvos sveikatos mokslų universiteto studijų programa *Sveikatos psichologija* (valstybinis kodas-612S10007, 6121JX003) vertinama **teigiamai**.

<b>Eil. Nr.</b>	<b>Vertinimo sritis</b>	<b>Srities įvertinimas, balais*</b>
1.	Programos tikslai ir numatomi studijų rezultatai	3
2.	Programos sandara	2
3.	Personalas	3
4.	Materialieji ištekliai	3
5.	Studijų eiga ir jos vertinimas	3
6.	Programos vadyba	3
	<b>Iš viso:</b>	<b>17</b>

\* 1 – Nepatenkinamai (yra esminių trūkumų, kuriuos būtina pašalinti)

2 – Patenkinamai (tenkina minimalius reikalavimus, reikia tobulinti)

3 – Gerai (sistemiškai plėtojama sritis, turi savitų bruožų)

4 – Labai gerai (sritis yra išskirtinė)

&lt;...&gt;

**IV. SANTRAUKA**

&lt;...&gt;

**III. REKOMENDACIJOS**

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Paslaugos teikėjas patvirtina, jog yra susipažinęs su Lietuvos Respublikos baudžiamojo kodekso 235 straipsnio, numatančio atsakomybę už melagingą ar žinomai neteisingai atliktą vertimą, reikalavimais.

Vertėjos rekvizitai (vardas, pavardė, parašas)